

CHAPTER 13: ORAL PRACTICES

13.0.1 Mukha Sāadhanā — Oral Practices

मुख साधना (Mukha Sāadhanā [Sacred Mouth Work])



Traditional + Research + Clinical + Experiential

§1 HISTORICAL CONTEXT & LINEAGE

How Humans Have Always Worked with Oral Practices

Oral sexual practices appear in the earliest written records of human culture — not as shameful aberrations but as recognized, documented, and in many traditions revered forms of intimate connection. The mouth is simultaneously the organ of breath, speech, nourishment, and kiss — and every tradition that has worked with sexuality consciously has understood oral practice as a meeting of these dimensions.

Vedic and Tantric Sources

The Kama Sutra of Vatsyayana (3rd to 5th century CE) devotes an entire chapter — Auparishtaka — to oral practices, documenting eight specific techniques for oral-genital contact with detailed attention to pressure, rhythm, and mutual response. These eight techniques are not named euphemistically — they describe specific movements including the grasping hold (Mukha Graham), the kissing of the glans (Mani Chumbana), the sucking mango (Chusita), the biting of the sides (Bahupadashadhita), and swallowing (Sangara) — each matched to different receiver types, relational dynamics, and energetic intentions. Vatsyayana treats these as a complete category of congress with its own aesthetics, not as supplementary to penetration.

The classical Tantric framework understood the mouth as the physical expression of Vishuddha — the throat chakra governing authentic expression. Oral practice thus carries a dual significance: it is simultaneously an act of giving pleasure and an act of vocal and expressive opening for the giver. The Tantric name for the practice — Mukha Maithuna (mouth union) — frames it as a form of union, not stimulation. The giver's throat opening during sustained oral practice is not a side effect but the practice's second purpose: what releases through the giver's Vishuddha is as significant as what is received through the receiver's Svadhisthana.

The Taoist tradition documented oral practices under the framework of the Jade Flute (Yun-lo, for the lingam) and Jade Gate (Yumen, for the yoni) — understanding oral contact as a means of circulating sexual essence (Jing) between partners rather than depleting it. Taoist texts prescribed specific breathing practices for the giver: inhaling through the nose while giving oral practice to draw the receiver's Jing upward through the giver's own energy field. Saliva itself was treated as an alchemical elixir — the giver's saliva mixed with the receiver's arousal creating a sacred fluid exchange that strengthened both partners. This is the oldest

documented basis for the Atlas principle that oral practice is always bidirectional in its healing effect.

Cross-Cultural Parallels

- ◆ Ancient Greek culture: Depictions of oral practices appear on pottery from the 6th century BCE (kylix vessels, symposium scenes). The Greeks distinguished between different relational roles in oral practice with specific terminology — indicating that these were recognized social and erotic categories rather than nameless acts. Greek medical writers including Hippocrates documented the physiological effects of oral-genital contact on both parties, noting the relaxation of the throat and jaw as therapeutic responses.
- ◆ Ancient Egyptian: The myth of Isis reassembling Osiris includes an oral act of sacred union — Isis breathes life back into Osiris through mouth contact, placing oral practice within a cosmological context of healing, resurrection, and divine love. Egyptian medical papyri (Ebers Papyrus, ~1550 BCE) document the mouth as a primary site of both disease and healing — establishing oral contact as clinically significant territory. Temple carvings at Luxor and Karnak depict oral union in explicitly sacred rather than profane contexts.
- ◆ Pre-Columbian Mesoamerica: Mayan and Aztec ceramic art (300–900 CE) depicts oral practices in contexts that appear both erotic and ceremonial — suggesting that the ritual dimension of oral union was recognized across cultures independent of Tantric influence. Aztec codices include specific references to oral practices in fertility ceremonial contexts, associating the breath exchanged during oral union with the breath of life (ehecatl) that animated creation.
- ◆ Contemporary somatic sex therapy: Modern practitioners including Betty Martin (Wheel of Consent), Caffyn Jesse, and Joseph Kramer have developed frameworks for oral practice as a therapeutic modality — particularly for survivors of sexual trauma involving the mouth, throat, or genitals. Kramer's Body Electric work documents the specific protocol of conscious oral giving as a means of healing oral trauma: the receiver's experience of receiving oral contact within a container of full consent and genuine enthusiasm rewires the body's trauma association with the act itself.

Medieval Islamic and Persian medical tradition — particularly the writings of Ibn Sina (Avicenna, 11th century) in the Canon of Medicine — documented oral-genital contact within a clinical framework of sexual health, noting its role in arousal preparation, the relief of pelvic congestion, and its specific effects on the nervous system. The Hamam (bathhouse) tradition across the Ottoman empire institutionalized body-care practices that included intimate oral contact as part of health maintenance. Persian erotic poetry from Rumi to Hafez consistently frames the mouth and kiss as the primary site of sacred union — the oral dimension of intimacy occupying the same spiritual territory in the Sufi tradition that tantric practice assigns to genital congress. The specific Sufi practice of breathing the beloved's breath (nafas-e yar) — inhaling as the other exhales, mouth to mouth — is the oral precursor to the breath coordination practices documented in Part A of this chapter.

- ◆ Peruvian Moche culture (300–700 CE): Approximately 500 surviving ceramic vessels explicitly depict oral-genital contact — the largest single-culture archaeological record of oral practices anywhere in the world. Cunnilingus is the most common scene type. The Moche context is explicitly ritual: skeletal figures performing oral practice on living partners appear in death-and-resurrection iconography, placing oral union within a cosmological framework of regeneration. This pre-Columbian tradition developed entirely independently of Old World influence, confirming that oral practice as sacred act is a pan-human phenomenon.
- ◆ Japanese Shunga tradition (Edo period, 1603–1868): The Japanese woodblock print tradition produced the most technically detailed visual documentation of oral practices in any culture. Master artists including Utamaro, Hokusai, and Hiroshige documented specific mouth positions, tongue placements, hand coordination, and positional variants of mutual oral with the same precision applied to all other aspects of intimacy. Shunga is not commercial erotic material — it was legally produced, gifted at weddings, carried by samurai as talismans, and collected by the nobility. The Atlas draws from Shunga's documentation of positional variants not recorded in Sanskrit or Taoist texts.
- ◆ Khajuraho and Konark temple sculptures (950–1250 CE): The exterior bands of the Chandela dynasty temples at Khajuraho and the 13th-century Sun Temple at Konark include among the world's most anatomically explicit stone carvings of oral practices — not as marginal curiosities but as central elements of the mithuna (sacred couple) iconography. Apsara figures perform oral worship as devotional acts directed toward deities. The kneeling oral worship position — giver kneeling before standing receiver — appears repeatedly and is understood as a posture of devotion equivalent to namaste: the worshipper descending to honor the divine. The Sun Temple's erotic band is explicitly associated with solar worship, linking sexual energy to cosmic regeneration.

What This Chapter Adds

This chapter treats oral practice as what it is: one of the most intimate forms of human contact, carrying neurological, emotional, energetic, and relational dimensions that extend far beyond its physical mechanics. The techniques documented here are framed within the Atlas consent architecture — beginning with explicit negotiation, proceeding with continuous awareness, and completing with deliberate integration. Every technique in §4 carries the lineage of the traditions documented above: when the practitioner uses the broad flat tongue from perineum to clitoris, they are practicing Jihva Sadhana as Vatsyayana described it. When they breathe through the nose while giving, they are practicing the Taoist Jing circulation protocol. When they narrate their experience to the receiver during the practice, they are performing the Vishuddha opening the Tantric framework called Mukha Maithuna.

§2 CORE TEACHING

The Mouth as Sacred Instrument

Oral practice in the tantric framework is not primarily a sexual technique — it is a form of union. Mukha Maithuna (mouth union) is the meeting of two nervous systems through the most communicative organ of the human body. The mouth speaks, breathes, sings, nourishes, and receives. Oral practice activates all of these simultaneously.

The Eight Classical Forms (Aṣṭa Aupariṣṭaka)

The Kāmasūtra's Aupariṣṭaka chapter — often omitted in Western translations — documents eight distinct oral techniques, each with specific energetic intentions, receiver profiles, and therapeutic applications. This chapter draws directly from that taxonomy while integrating contemporary somatic and trauma-informed understanding.

Consent Architecture for Oral Work

Oral practices require explicit, verbal, real-time consent beyond the general session agreement. The receiver's arousal state changes what is comfortable; what felt welcome at the start may feel too intense or no longer wanted. Practitioners establish a clear signal system (the Three Responses: Yes / More / Pause) before beginning and honor any pause without question or negotiation.

Hygiene and Safety

Oral-genital contact carries STI transmission risk. Practitioners establish their testing status and disclose honestly. Dental dams and non-lubricated condoms are made available as standard practice. Framing safety as care rather than interruption — 'I want to be fully present with you, which means this' — preserves the ceremonial container.

§3 SANSKRIT TERMINOLOGY

Sanskrit provides precise anatomical and energetic language for oral practices. The terms below connect this work to its Tantric and Taoist roots.

Aupariṣṭaka (औपरिष्टक)

औपरिष्टक | Romanized: Aupariṣṭaka | Phonetic: ow-pah-REESH-tah-kah | Literal: 'above the body' or 'work done from above' | Contextual: the Kāmasūtra term for oral sexual practices, comprising the eight classical techniques documented in Book II.

Mukha Maithuna (मुख मैथुन)

मुख मैथुन | Romanized: Mukha Maithuna | Phonetic: moo-KHA my-THOO-nah | Literal: 'mouth union' | Contextual: the tantric term for oral sex as sacred practice, emphasizing the devotional and energetic dimensions rather than the merely physical.

Jihvā (जिह्वा)

जिह्वा | Romanized: Jihvā | Phonetic: jih-HWAH | Literal: tongue | Contextual: the primary instrument in oral practice; in tantric anatomy the tongue is considered a Viśuddha extension — its contact with the receiver's body transmits both physical sensation and energetic intention.

Yoni Mukha Seva (योनि मुख सेवा)

योनि मुख सेवा | Romanized: Yoni Mukha Seva | Phonetic: YO-nih moo-KHA SAY-vah | Literal: 'service of the yoni by the mouth' | Contextual: oral practice on the vulva/vagina; framed as devotional service (seva) rather than performance.

Linga Mukha Seva (लिंग मुख सेवा)

लिंग मुख सेवा | Romanized: Linga Mukha Seva | Phonetic: LING-gah moo-KHA SAY-vah | Literal: 'service of the lingam by the mouth' | Contextual: oral practice on the penis; the practitioner holds the intention of devotion and nourishment rather than performance or urgency.

Deha Jihvā Rekhā (देह जिह्वा रेखा)

देह जिह्वा रेखा | DAY-hah jih-HWAH RAY-khah | Deha = body; Jihvā = tongue; Rekhā = line, pathway, trace | Body tongue lines — the practice of mapping the receiver's entire body with tongue pathways before genital contact. A complete practice in its own right.

Grīvā-Karṇa Mārga (ग्रीवा-कर्ण मार्ग)

ग्रीवा-कर्ण मार्ग | GREE-vah KAR-nah MAR-gah | Grīvā = neck; Karṇa = ear; Mārga = path, way | The neck-ear pathway — tongue tracing from collarbone through the neck to behind the ear and earlobe, activating Vishuddha (throat chakra).

Ūru Antarā Mārga (ऊरु अन्तर मार्ग)

ऊरु अन्तर मार्ग | OO-roo an-TAR-ah MAR-gah | Ūru = thigh; Antara = inner, between; Mārga = path | The inner thigh pathway — tongue tracing from inner knee to thigh-pelvis crease, approaching but not contacting the genitals, activating Svadhisthana arousal without direct genital stimulation.

Dvāra Tādana (द्वार ताडन)

द्वार ताडन | DVAH-rah tah-DAH-nah | Dvāra = gate, door, entrance; Tādana = tapping, striking lightly | Rhythmic light tapping across the entire vulva, creating vibration that resonates deep into the pelvic bowl. A manual technique used in conjunction with oral work to create vibrational arousal before direct oral contact. Full technique in Chapter 14 (Yoni Practices).

Rasasvādana (रसस्वादन)

रसस्वादन | rah-sah-SWAH-dah-nah | Rasa = essence, juice, nectar; Svādana = tasting, savoring | Conscious savoring of the receiver's arousal fluids — treating natural lubrication as sacred nectar (Amrita) rather than incidental. Taoist alchemy identifies the woman's yin essence as a substance that strengthens the giver's yang energy through conscious reception.

Madhya Jihvā (मध्य जिह्वा)

मध्य जिह्वा | MAD-hyah jih-HWAH | Madhya = middle, inner, internal; Jihvā = tongue | Internal tongue penetration — the tongue as a penetrating instrument rather than a surface organ. Shallow (1-2 cm) or deep (full extension), creating internal pressure distinct in quality from external licking.

Garbha Stambha (गर्भ स्तंभ)

गर्भ स्तंभ | GAR-bha STAHM-bha | Garbha = womb, inner chamber; Stambha = pillar, support | The oral-manual combination technique — mouth on the clitoris and fingers inside the vagina pressing the G-spot simultaneously. The fingers are the pillar supporting the inner chamber while the mouth serves the outer.

Parivartana (परिवर्तन)

परिवर्तन | pah-ree-VAR-tah-nah | Parivartana = transformation, turning point, turning back | Edging — deliberate arousal to the threshold followed by reduction before rebuilding. Applied to both Yoni practice (technique #11) and Lingam practice as Bindu Parivartana (#25). The turning point is where energy transforms rather than discharges.

Amrita Visarjana (अमृत विसर्जन)

अमृत विसर्जन | ahm-REE-tah vee-SAR-jah-nah | Amrita = immortal nectar, divine essence; Visarjana = release, emission, offering | Female ejaculation support — working with the fluid that Tantric tradition identifies as sacred essence emanating from the Skene's glands. The release is framed as a sacred offering rather than a physical event.

Yoni-Liṅga Saṅkalpa (योनि-लिंग संकल्प)

योनि-लिंग संकल्प | YO-nih LING-gah SAN-kahl-pah | Yoni = sacred female source; Liṅga = sacred phallus; Saṅkalpa = intention, vow, sacred resolve | The intention toward the sacred union of female-male anatomy — applied here to the perineum and prostate access technique, approaching the root territory of the male body with the same reverence given to the Lingam itself.

Liṅgam Puja (लिंगम् पूजा)

लिंगम् पूजा | LING-gam POO-jah | Liṅgam = Shiva's sacred phallus, the divine masculine principle; Puja = worship ceremony, ritual of devotional offering | The ritualized approach to oral Lingam practice as an act of worship — the practitioner as devotee, the Lingam as manifestation of divine masculine energy. Pre-contact reverence, consecration, and conscious breath establish the devotional container.

Damshana (दंशन)

दंशन | DAM-shah-nah | Damshana = biting, gentle tooth contact | The Kama Sutra's documented technique of gentle teeth use during oral Lingam practice. Classified as a high-risk technique requiring explicit prior consent. Applied to the shaft only — never the glans or testicles.

Vrishana Seva (वृषण सेवा)

वृषण सेवा | VRIH-shah-nah SAY-vah | Vrishana = testicles; Seva = service, devotional worship | Dedicated oral attention to the testicles as sacred territory. The Tantric framework treats the testicles as the site of Bindu (sacred essence) production — approaching them with reverence transforms their sensitivity from vulnerability into sacred offering.

Kantha Nāda (कण्ठ नाद)

कण्ठ नाद | KAN-thah NAH-dah | Kantha = throat, the Vishuddha center; Nāda = sacred sound, vibration | Throat humming during oral Lingam practice — sustained vibration within the giver's throat and mouth while the Lingam is inside. Serves both the receiver (vibration as sensation) and the giver (Vishuddha activation and release of held expression).

Bindu Parivartana (बिन्दु परिवर्तन)

बिन्दु परिवर्तन | BIN-doo pah-ree-VAR-tah-nah | Bindu = point, sacred drop, semen as concentrated life essence; Parivartana = turning back, transformation | The Lingam-specific edging practice — building oral stimulation to the threshold of ejaculation and turning back. The sacred drop is preserved rather than discharged, building toward Vajroli Mudra (non-ejaculatory orgasm).

Sama Rasa (सम रस)

सम रस | SAH-mah RAH-sah | Sama = equal, balanced, synchronized; Rasa = essence, juice, nectar, flavor | Synchronized rhythm mutual oral — both partners coordinating breath, tongue movement, and intensity in real time. Both giving and receiving simultaneously, their nervous systems entraining to the same rhythm.

Drishti Parasparika (दृष्टि परस्परिक)

दृष्टि परस्परिक | DRISH-tee pah-RAH-spah-ree-kah | Drishti = sacred gaze, intentional looking; Parasparika = mutual, reciprocal, between each other | Mutual eye contact during the 69 position — both partners simultaneously visible in their giving and their receiving. The most vulnerable form of Drishti practice, as neither partner can hide behind the role of pure giver or pure receiver.

Atma Mukha Dhyāna (आत्म मुख ध्यान)

आत्म मुख ध्यान | AHT-mah MOO-kha DHYAH-nah | Ātma = self, soul; Mukha = mouth; Dhyāna = meditation, contemplation | Solo oral visualization meditation — self-pleasure while holding vivid internal experience of a partner's mouth. Develops oral receiving capacity and precise self-knowledge of preferred techniques.

Darshana Mukha Sādhana (दर्शन मुख साधना)

दर्शन मुख साधना | DAR-shah-nah MOO-kha SAH-dhah-nah | Darshana = sacred seeing, witnessed vision; Mukha = mouth; Sādhana = spiritual practice, disciplined path | The witnessed mouth practice — self-pleasure narrated aloud to a present partner. The narration maps exact preferences in real time; the witnessing creates sacred seeing (darshana) of the other's desire.

Sarasvati Mukha Puja (सरस्वती मुख पूजा)

सरस्वती मुख पूजा | SAH-rahs-vah-tee MOO-kha POO-jah | Sarasvati = Hindu goddess of speech, music, and creative arts; Mukha = mouth; Puja = worship ceremony | Invocation of Sarasvati as the presiding deity of oral union — both partners vocalizing throughout as devotional practice. The mouth as instrument of both pleasure and sacred expression, honored in the same gesture.

§4 THE PRACTICE

The mouth is the most versatile sensory instrument available to the practitioner. Through variations in pressure, texture, temperature, moisture, and breath, it reads and responds to the receiver's body in ways that hands alone cannot replicate. The Kama Sutra documents 37 distinct oral techniques across the Auparishtaka chapter — this section draws from that taxonomy while integrating contemporary somatic and trauma-informed understanding.

| Part A — Non-Genital Oral Practices: Deha Jihvā Rekhā (Body Tongue Lines)

Deha Jihvā Rekhā — body tongue lines — is the practice of mapping the receiver's entire body with the tongue before any genital contact. This is not foreplay. It is a complete practice in its own right, activating every chakra through the five tongue qualities: pressure, texture, temperature, moisture, and shape. The tongue offers what the hand cannot: the three-phase sensory event of warm-wet contact, warm-dry transition, and cool evaporation as saliva dries. A single tongue stroke creates three sequential sensory events that linger.

Tongue Positions

Flat tongue (broad): wide and soft, covering large areas with enveloping warmth. Best for initial contact, large muscle groups, the back. Pointed tongue: narrowed to a tip for precise tracing, circling, and writing on specific zones. Edge of tongue: the sharper lateral surface for following creases and muscle definition. Curled tongue: scooping contact for nipples, clitoris, frenulum. Underside: the softer ventral surface, wetter and more intimate, for highly sensitive areas.

The Five Core Pathways

- ◆ Neck-Ear Path (Grīvā-Karṇa Mārga): Begin at the collarbone with broad tongue strokes, move up the side of the neck, behind the ear, and end at the earlobe. The earlobe responds to lip suction. This pathway activates Vishuddha. The breath in the ear canal — warm exhalation before tongue contact — creates anticipatory sensation of remarkable intensity. The sternocleidomastoid tendon — the prominent cord running from behind the ear to the collarbone — responds to tongue tracing with a distinct quality of sensation different from skin contact. Tilt the receiver's head gently to the opposite side to bring it into relief before tracing it. Also: the lateral shoulder arc (neck → collarbone → shoulder → return to throat → down

sternum) extends this pathway — see the Center Line below for how the descent continues.

- ◆ **Spine Line (Prṣṭha Rekḥā):** Nape of neck descending vertebra by vertebra to the sacrum. Use lighter pressure at the cervical spine, firmer pressure in the lumbar. Tracing the full spine activates the entire Sushumna channel — this is the most direct physical stimulation of the central energy column available in practice.
- ◆ **Center Line (Madhya Rekḥā):** Throat to the sternum, between the breasts, circling the navel, descending to the pubic bone. Slow and deliberate. Do not enter the genitals — stop at the pubic bone. This pathway descends through all seven chakras sequentially and creates a sustained arousal arc that transforms genital contact when it eventually arrives.
- ◆ **Inner Thigh Path (Ūru Antarā Mārga):** Inner knee upward along the inner thigh to the thigh-pelvis crease. Approach the genitals but do not touch them. Alternate sides. The anticipation created by approaching and withdrawing from genital contact without touching activates Svadhisthana arousal without any direct genital stimulation — clinically significant for receivers with genital trauma or numbness.
- ◆ **Arm-Hand Path (Bāhu-Hasta Mārga):** Inner elbow to forearm, wrist, palm, and individual fingers. Licking the palm is deeply intimate — the hand is associated with giving and receiving, Anahata territory. This is a useful first pathway for receivers who carry body shame, as it is non-threatening and builds trust in the giver's willingness to receive the receiver's body without flinching.

Breath Integration

Alternate tongue contact with warm breath on the saliva trail. The sequence — tongue contact, then warm breath on wet skin, then cool breath — creates three distinct sensory layers from minimal technique. This prevents receptor adaptation, which flattens sensation when the same stimulus is applied continuously. The receiver's nervous system resets between each layer.

Part B — Yoni Oral Practices (Mukha Yoni Seva)

Pre-Session Preparation (Ratirahasya Protocol)

The Ratirahasya (Secrets of Love, ~11th century CE) documents specific pre-oral preparation that significantly affects the quality of the practice. The giver cleanses the mouth with aromatic herbs (tulsi, cardamom) — establishing that the giver's mouth is a sacred instrument before any contact. Both partners bathe and anoint with fragrant oils. The receiver rests in a supported reclining position for a minimum of ten minutes before any oral contact begins — the body must arrive before the practice begins. The giver approaches from the side rather than directly between the legs, creating an angled approach that reads as more intimate and less clinical. These preparations are not mere ritual — they shift the nervous

system from task-orientation into receptive mode before any direct stimulation occurs.

Begin always with the Yoni Puja approach: thirty seconds of warm breath before any tongue contact, then a single soft kiss on the mons, then the outer labia, then the inner labia — the clitoris last, never first. This sequencing matters neurologically: arousal accumulation requires a progression from low-sensitivity to high-sensitivity zones. Arriving at the clitoris before the receiver is fully aroused overwhelms rather than pleasures.

The Eight Classical Forms (Aṣṭa Aupariṣṭaka)

The Kama Sutra documents eight techniques in a specific sequence — from first contact through complete engulfment — that constitutes a complete arousal arc. Each technique covers both Yoni and Lingam application; the Yoni form is given first per Atlas convention. The sequence is not prescriptive: practitioners move between techniques by reading the receiver's response, not by following the order mechanically.

- ◆ 1. Nimittaka (निमित्तक — The Nominal): First contact. Yoni: closed lips brought gently across the vulva surface without opening — teasing, pre-arousal. Lingam: closed lips brought to the tip, gentle movement without suction. Purpose: establishing first oral contact, signalling intention, reading initial response.
- ◆ 2. Pārśvadaṣṭa (पार्श्वदष्ट — The Side Engagement): Building sensation. Yoni: lips placed on one labium, light holding and gentle suction, then the other. Lingam: lips cover the head from the side, gentle lateral pressure. Purpose: introducing suction gradually, reading sensitivity distribution.
- ◆ 3. Bāhyasaṃdaṃśa (बाह्यसंदंश — The External Pinch): Focused external suction. Yoni: lips surround the clitoris from outside the hood, light suction, tongue presses from above through the hood — indirect clitoral stimulation ideal for hypersensitive receivers. Lingam: lips grip beneath the corona, tongue against the frenulum, suction focused on the glans. Purpose: focused stimulation without direct contact.
- ◆ 4. Antaḥsaṃdaṃśa (अन्तःसंदंश — The Internal Pinch): Deeper engagement. Yoni: tongue enters the vaginal opening, lips seal around the entrance, internal tongue pressure on the anterior wall. Lingam: head taken fully into mouth, tongue upward against the frenulum, sustained suction. Purpose: internal contact, deeper arousal.
- ◆ 5. Cumbita (कुम्बित — The Kiss): Full worship kissing. Yoni: kiss every part — mons, outer lips, inner lips, clitoris, perineum — as you would kiss a face, with tenderness and full presence. Lingam: kiss glans, shaft, frenulum, testicles — comprehensive adoration. Purpose: worship and adoration as complete practice in itself, not preparation for technique.
- ◆ 6. Parimṛṣṭa (परिमृष्ट — The Comprehensive Lick): Full tongue coverage. Yoni: broad tongue from perineum to clitoris, full coverage, then circle the clitoris, return. Lingam: broad tongue up the entire shaft length, circle the corona, lick the frenulum. Purpose: comprehensive stimulation, reading the whole terrain before focusing.

- ◆7. Āmracūṣita (आम्रचूषित — The Mango Suck): Rhythmic suction approaching climax. Yoni: entire clitoris taken into the mouth, rhythmic sucking with head movement, sustained rhythm. Lingam: half the shaft taken into the mouth, rhythmic suction with head moving up and down. Purpose: deep sustained stimulation for the approach to orgasm — do not change technique once this rhythm is established.
- ◆8. Saṃgara (संगर — The Complete Engulfment): Full union. Yoni: entire mouth covers the vulva — tongue inside the vaginal opening, lips on the labia, total oral coverage. Lingam: full length into the throat. Purpose: complete union and full devotion — this is the culminating technique of the classical sequence and should not be rushed to before the earlier techniques have built the arousal arc.

The classical sequence groups into four phases: Warming (1-2), Building (3-4), Worshipping (5-6), Completing (7-8). A practitioner may move through all eight across a single session or dwell in one phase for the entire session. The sequence is also a diagnostic tool: how the receiver responds to each technique reveals where sensation is alive and where it is absent.

Core Tongue Techniques

- ◆Broad tongue lick (Jihva Sadhana): Tongue flat, covering the entire vulva from perineum to clitoris in a single slow stroke. One lick every two to three seconds. This is the foundational technique — establishing contact, warmth, and rhythm before any variation is introduced.
- ◆Pointed tongue tracing: Tongue narrowed to trace specific paths — the inner labia crease, the vaginal opening in a slow circle, the clitoral hood outline. Precision produces a qualitatively different sensation than broad contact. Alternate between broad and pointed to prevent adaptation.
- ◆Figure-8 licking: Tongue traces a continuous figure-eight looping around the clitoris and down around the vaginal opening and back. Meditative and rhythmic. The continuous motion creates a building arousal arc without the interruption of technique changes.
- ◆Clitoral kissing (Keshara Chumbana): Lips kiss the clitoris directly — sustained lip pressure held still for ten to thirty seconds. No movement. The sustained warmth and pressure without motion is distinctly more intimate than active technique and often produces more intense response. Alternate with lip-pulling: lips gently grasp the clitoris and pull upward slightly, release, repeat.
- ◆Clitoral circling (Shikhara Chalan): Tongue circles the clitoral hood (indirect, suitable for hypersensitive receivers) or the glans directly (more intense). Clockwise vs counter-clockwise preference varies by individual — ask. When approaching orgasm, maintain exactly the technique that is working rather than intensifying. The most common error in oral practice is increasing speed or pressure as orgasm approaches, which disrupts the arousal arc.

Tongue Movement Sequences (Sunu Jing Protocols)

The Plain Girl Classic (Sunu Jing, Han dynasty) documents specific tongue movement sequences with a precision absent in Sanskrit sources. The Five

Strokes: (1) shallow — tongue tip traces the outer labia without entering; (2) deep — tongue extends fully inside; (3) left — tongue moves exclusively leftward in slow arcs; (4) right — rightward arcs; (5) rapid — tongue moves in fast small circles at the clitoris. These five strokes are not a fixed sequence — the practitioner reads the receiver's response to determine which stroke to use and when to transition. The Sunu Jing also documents the Three Depths applied orally: first depth (outer labia), second depth (inner labia and entrance), third depth (interior). Each depth is held before advancing to the next, and the text specifies returning to shallower depths after reaching the third. This rhythm of advance and return — rather than continuous deepening — creates the arousal arc that the text identifies as essential for female pleasure.

Orgasm Approach Protocol

When the receiver's breath shortens, pelvic floor begins rhythmic contracting, or they verbally signal approach: maintain exactly what you are doing. Same pressure, same rhythm, same position. Increase in stimulation at this point almost always delays or prevents orgasm. The receiver's nervous system needs a stable, predictable input to complete the arousal arc. If orgasm does not arrive, do not increase — pause briefly, wait for the nervous system to reset, then resume.

Dual stimulation — tongue and a partner's finger simultaneously on the clitoris — produces a qualitatively distinct sensation that neither achieves alone. Introduce only after full arousal is established and the tongue has set a stable rhythm. See Chapter 30 (Nāda Deha) for the vibration dimension of this combination.

Clitoral Suction Seal (Yoni Mukha Bandha)

Yoni Mukha Bandha — the oral seal — creates a sustained vacuum seal around the clitoris with the lips. Gentle suction (beginner): lips seal around the clitoris and create a gentle vacuum held for three to five seconds, released, repeated. Pulsing suction: suction applied and released rhythmically, creating a throbbing sensation that can be tuned to match the receiver's heartbeat. Sustained seal: lips maintain constant gentle pressure without active movement — warmth and containment rather than stimulation. This is one of the most consistently effective techniques across receiver types because the sustained, predictable pressure allows the nervous system to build arousal without the interruption of technique changes.

Savoring the Nectar (Rasasvādāna)

Rasasvādāna — savoring the essence — is the deliberate, conscious relationship with the receiver's natural lubrication rather than treating it as incidental. In Tantric understanding, vaginal fluid is Amrita — nectar — and Taoist alchemy treats the woman's yin essence as a substance that balances the giver's yang. The practice: do not avoid or rush past the receiver's arousal fluid. Taste it consciously. Let the giver's verbal or nonverbal response to the taste communicate genuine appreciation — 'You taste extraordinary' or the simple wordless expression of someone tasting something they love. For receivers who carry shame about their bodies' natural responses, the giver's authentic, unhurried savoring of their arousal is one of the most healing acts available in oral practice.

Internal Tongue Work (Madhya Jihvā)

Madhya Jihvā — internal tongue penetration — uses the tongue as a penetrating instrument rather than a surface organ. Shallow penetration (tongue tip 1–2 cm inside the vaginal opening with an in-and-out movement) creates a qualitatively different sensation from external licking: warmer, more enclosing, more intimate. Extended tongue penetration goes as deep as the giver's tongue allows, creating internal pressure on the anterior wall. Combine with lip contact on the external vulva throughout.

G-Spot and Oral Combination (Garbha Stambha)

Garbha Stambha — the womb pillar — combines mouth on the clitoris with one or two fingers inside the vagina, palm upward, pressing the G-spot (the ridged anterior wall 5–7 cm inside the entrance). This is the single most powerful combination available in oral Yoni practice: the simultaneous activation of external clitoral nerves and internal anterior wall pressure creates a convergent stimulation that often produces distinctly different and more intense orgasmic response than either alone. Position: receiver on back, hips slightly elevated, knees bent. Giver's fingers curve upward while the mouth maintains consistent clitoral rhythm.

Humming on the Vulva (Yoni Nāda)

Yoni Nāda uses the giver's voice as a vibration instrument. The giver seals their mouth against the vulva — not necessarily the clitoris; the entire mound or labia can be the contact point — and hums. Low pitches (chest resonance) create deep, spreading vibration; mid pitches create moderate focused sensation; high pitches create lighter, more surface-level vibration. Ask the receiver which pitch produces the strongest response — this varies significantly between individuals and arousal states. Sustain one pitch for ten to thirty seconds before changing. The vibration bypasses the need for technical tongue movement and can produce arousal in receivers who find direct stimulation overwhelming.

Edging and Plateau Building (Parivartana)

Parivartana — transformation, turning point — is the deliberate practice of building arousal to the edge of orgasm and then reducing, allowing the nervous system to plateau before building again. In oral practice: increase intensity until the receiver is at approximately 8/10 arousal (breath quickening, body tensing, sounds increasing). At this point, reduce — not stop — stimulation: shift from direct clitoral contact to the inner labia, or from the tongue tip to the flat tongue. Hold the plateau for thirty seconds to two minutes, then rebuild. Three to five cycles of edging before final release significantly intensifies the eventual orgasm and, for some receivers, produces energetic orgasmic states without any physical release.

Meditative Oral Practice (Yoni Mudrā Dhyāna)

Yoni Mudrā Dhyāna inverts the usual dynamic of oral practice entirely. The giver places their mouth on the vulva and then becomes still — tongue may rest gently on the clitoris or simply against the inner labia. No movement for five to fifteen

minutes. Both partners breathe. The giver's awareness goes inward: attending to the warmth, the pulse, the subtle movements of the receiver's body. The receiver practices being received without performance or expectation. This technique is particularly healing for receivers whose oral experience has been goal-oriented, where the absence of building stimulation creates anxiety. The stillness reframes oral contact as presence rather than service.

Female Ejaculation Support (Amrita Visarjana)

Amrita Visarjana — the release of nectar — supports female ejaculation through oral-manual combination. The Tantric tradition treats female ejaculate as amrita (sacred essence), not as something surprising or messy. Contemporary research confirms it originates from the Skene's glands (paraurethral glands), is compositionally distinct from urine, and is associated with stimulation of the anterior vaginal wall. The oral protocol: sustained Garbha Stambha (G-spot fingers + oral) until the receiver reports a sensation of fullness or urgency. When this sensation arises, the practitioner may gently press forward and down on the G-spot while maintaining oral stimulation on the clitoris. Many receivers instinctively hold back at this point — the practitioner's permission is essential: 'Let it go. Whatever releases is welcome.'

Heart-Sacral Circuit (Yoni Anahata Sanchar)

Yoni Anahata Sanchar — heart-to-yoni energy circulation — integrates the heart chakra into oral practice by having the giver place one hand flat on the receiver's sternum while giving oral practice with the mouth. The contact creates a physical bridge between Anahata (heart) and Svadhisthana (sacral) — the two centers most commonly split in people whose sexuality has been experienced as separate from love. The receiver is invited to breathe the sensation from the genitals upward toward the chest with each inhale. Many receivers report spontaneous emotion during this technique — tears, tenderness, or a sense of completion — as the circuit between the two centers opens.

Vaginal Pulsing Awareness (Yoni Sphurana)

Yoni Sphurana trains the practitioner to feel and respond to the receiver's involuntary pelvic floor contractions as real-time arousal feedback. During oral practice with fingers inside the vagina, the giver attends to the rhythmic squeezing of the pelvic floor — these contractions signal genuine arousal rather than performed response. When contractions begin, the giver coordinates their oral rhythm with the contractions: pressure on the contraction, release on the release. This creates a feedback loop between the receiver's involuntary body response and the giver's technique that can dramatically accelerate arousal toward orgasm.

Breath Retention at Orgasm (Yoni Kumbhaka)

Yoni Kumbhaka applies the Tantric breath retention practice specifically during oral-produced orgasm. As the receiver approaches climax, the giver continues oral stimulation without change. The receiver takes a deep inhale and holds — pelvic floor may clench, the orgasmic energy becomes contained rather than released.

After five to fifteen seconds of held breath, the receiver releases in a full exhale. The orgasm, when it arrives, moves through a body that has been energized by the held breath rather than dispersed by it. Pre-negotiation is essential: the giver must know the receiver may pause and go completely still — this is not dissociation or distress but deliberate containment.

Part C — Lingam Oral Practices (Mukha Lingam Seva)

Release the receiver from the expectation of orgasm before beginning. State it explicitly: 'There is nowhere to get to. I am here to worship this body.' Lingam oral practice is complete whether or not ejaculation occurs. Receivers carrying performance anxiety — the most common block — cannot surrender to sensation while simultaneously monitoring their own progress toward climax.

Glans and Frenulum Work

The frenulum — the V-shaped ridge on the underside of the glans where the head meets the shaft — is the highest concentration of nerve endings on the lingam and the primary focus for sustained stimulation. Begin with soft kisses on the glans (Mani Chumbana: the jewel-kissing practice) — lips kiss the head gently on all sides before any suction or shaft contact. Then introduce frenulum focus: tongue tip pressed to the frenulum and held, then light flicking, then circular strokes. The urethral opening responds to the lightest tongue-tip contact — barely grazing it produces disproportionate sensation.

Full Oral Embrace (Mukha Graham)

Lips seal around the glans, teeth covered entirely by lips throughout. Slowly lower the mouth down the shaft to the giver's natural comfort depth. Vary suction: light suction creates a gentle vacuum, medium suction a noticeable pull, strong suction intense focused pressure. Generous saliva throughout — wetness is not a problem to manage but the primary lubricant and sensation enhancer. While the lingam is in the mouth, the tongue can circle, press the frenulum, or flick against the shaft. Coordinate one hand stroking the shaft in rhythm with the mouth — either matching the mouth's rhythm for consistent stimulation, or offsetting it to create varied sensation.

Deep Throat Work (Antara Mukha)

Deep throat work engages Vishuddha — the giver's throat chakra — as a healing site alongside the receiver's pleasure. It is never required and the giver controls depth entirely. To develop it: breathe deeply through the nose before taking the lingam deep; exhale as it descends (counter-intuitive but the exhalation relaxes the gag reflex); hum while it is in the throat (vibration relaxes throat muscles and produces sensation for the receiver). The optimal angle is head tilted back with throat extended, or the giver lying on their back with head hanging off the bed

edge. The fundamental safety rule: the receiver's hands never press the giver's head — the giver moves entirely at their own initiative.

Testicular and Perineal Work

The testicles respond to soft mouth contact — lips kiss or hold each testicle gently, never with suction pressure. Humming while a testicle rests in the mouth creates vibration that some receivers experience as extraordinary; others find overwhelming (check in). The perineum — the stretch of skin between scrotum and anus — is densely innervated and responds to tongue contact, firm pressure, and humming. Approach the perineum via the inner thigh pathway before direct contact.

Perineum and Prostate Access (Yoni-Liṅga Saṅkalpa)

Yoni-Liṅga Saṅkalpa — intention toward the union of sacred anatomy — covers the perineum, external anal tissue, and prostate access in combination with oral lingam practice. The perineum (between scrotum and anus) contains the root of the lingam internally and is the somatic location of Muladhara. During oral practice: firm tongue pressure held on the perineum for ten to thirty seconds while the mouth continues on the lingam activates the root chakra from below. Humming with the mouth on the perineum sends vibration directly to the prostate through the perineal tissue.

Prostate access via oral and finger combination: while giving oral practice, introduce one well-lubricated finger into the anus and locate the prostate — the walnut-sized gland on the anterior wall two to three inches inside, felt as a slightly ridged firmness toward the belly. The 'come hither' motion (finger curling upward) combined with sustained oral practice creates a convergent dual stimulation that many receivers report as the most intense orgasmic experience of their lives. Pre-negotiation is essential — prostate access requires explicit enthusiastic consent, not merely absence of objection.

Lingam Worship Ritual (Lingam Puja)

Lingam Puja is the ritualized approach to fellatio as a devotional act — the Lingam as Shiva's phallus, the giver as the worshipper. Before any mouth contact, the giver pauses: takes the lingam in both hands and gazes at it with genuine reverence. A brief spoken acknowledgment — even silent — establishes the container: this is not service, it is worship. The giver then begins with breath on the skin before contact. This approach transforms the receiver's experience: being received as sacred rather than pleased produces a qualitatively different somatic response. Tears during Lingam Puja are not uncommon — many receivers have never been received with reverence.

Kneeling Devotional Position (Khajuraho-Konark Posture)

The kneeling worship position — giver kneeling on the floor, receiver standing — is the most widely documented oral position across ancient cultures: Khajuraho and Konark temple carvings, Pompeii lupanare frescoes, and Greek symposium pottery all document it independently. Its recurrence across unrelated cultures suggests it

carries intrinsic meaning beyond mechanics. In the Khajuraho context this is understood as the worshipper descending to honor the divine — the same geometry as namaste, the bow, the prostration. The giver's body descends; the receiver's body rises. This vertical polarity activates a specific energetic dynamic: the giver draws from the earth (Muladhara below them) and offers upward; the receiver stands fully in their embodied power. Chakra analysis: giver activates Muladhara through kneeling contact with earth; receiver activates Svadhisthana and Manipura through standing, their full vertical energy column engaged. The giver's upward gaze during this practice is not incidental — it creates the Drishti Sambandha connection along the vertical axis, giver looking up into the receiver's face, receiver looking down into the giver's.

Full Tongue Service (Jihvā Līṅga Sevana)

Jihvā Līṅga Sevana — tongue service of the lingam — uses the tongue across the entire lingam rather than focusing immediately on the glans and frenulum. Begin at the base: broad flat tongue licks from the base upward along the underside (where the most nerve concentration lies) to the glans. Circle the corona (the ridge where the head meets the shaft). Lick down the sides — left, right, front, back — covering the entire surface before returning to the frenulum. This comprehensive coverage reads the lingam's terrain before focusing, prevents the receiver from bracing for intense stimulation, and establishes a rhythm the nervous system can track.

Gentle Teeth Work (Damshana)

Damshana — documented in the Kama Sutra as a recognized technique — uses the teeth as a stimulation tool. Critical safety: this is a high-risk technique requiring explicit prior consent. Ask directly: 'Can I use gentle teeth?' Never assume. The technique is applied to the shaft only — never the glans (too sensitive) and not to the testicles without extreme care. Grazing teeth: teeth barely scrape along the shaft with no biting pressure, like a fingernail drawn lightly across skin. Gentle nibble: teeth apply light pressure to the shaft for a brief moment before releasing. The erotic charge of this technique comes partly from the element of controlled vulnerability — teeth near highly sensitive tissue — which is why it must only be offered when the receiver has explicitly requested it.

Testicle Devotion (Vrishana Seva)

Vrishana Seva is dedicated oral attention to the testicles — an area almost universally neglected in oral practice despite its sensitivity. Critical safety: testicles are extremely sensitive to pressure. Never squeeze, twist, or apply sudden force. Approach: cup the scrotum gently in both hands while bringing the lips to the skin of one testicle. Soft kiss only — no suction pressure. Hold one testicle in the mouth with warmth but no active pressure. Humming while the testicle rests in the mouth creates vibration that some receivers experience as extraordinary; others find overwhelming — check in before sustaining. The perineal approach: tongue tracing from the base of the scrotum toward the perineum activates the base of the spermatic cord and Muladhara simultaneously.

Throat Humming During Fellatio (Kantha Nāda)

Kantha Nāda — throat sound vibration — creates vibration within the giver's throat and mouth while the lingam is inside. With mouth sealed around the shaft at any depth, the giver hums: low pitches send deep bass vibration through the shaft; mid pitches create moderate sensation; high pitches create lighter, more surface vibration around the glans. Sustained tones (ten to thirty seconds) produce more sensation than fluctuating hums. Ask the receiver which pitch produces the strongest response. Kantha Nāda also serves the giver's Vishuddha activation — the sustained vibration in the throat releases held tension and, over time, opens the giver's capacity for authentic vocalization in other contexts.

Edging the Lingam (Bindu Parivartana)

Bindu Parivartana — the turning back of the sacred drop — is the Lingam-specific edging practice. Oral stimulation builds to the receiver's 8-9/10 arousal threshold (signs: the lingam throbs and pulses, testicles pull upward and tight, breath becomes rapid and shallow). At this point, the giver reduces — shifts from direct frenulum contact to the shaft, or from suction to tongue tracing, or pauses entirely for five to ten seconds. The receiver's nervous system plateaus, then the giver rebuilds. Three to five cycles before final release intensifies the eventual orgasm dramatically and, for receivers practicing Vajroli Mudra, provides the repeated threshold experiences needed to develop orgasm-without-ejaculation.

On ejaculation and release: the Tantric framework treats semen as Bindu — a concentrated form of life essence — and conscious swallowing as a ritual act of ingestion rather than an automatic response. This is a personal boundary deserving the same respect as any other; there is no obligation. See Chapter 7 (Contraindications Reference) for barrier considerations and full release options.

Heart-Sacral Circuit (Anahata-Svadhishthana Sanchar)

Anahata-Svadhishthana Sanchar — the heart-to-sacral circuit — places one hand flat on the receiver's sternum while giving oral practice to either Yoni or Lingam. The physical bridge between the heart center and the genitals heals the split that trauma most commonly creates: the sense that love and sexuality cannot coexist in the same body at the same time. The receiver is invited to breathe the oral sensation upward toward the chest on each inhale. The giver holds the conscious intention: 'I give this from my heart.' Spontaneous emotional release — tears, tenderness, sudden profound relaxation — is common and indicates the circuit opening, not something going wrong.

Eye Contact (Drishti Sambandha)

Drishti Sambandha — the practice of maintained eye contact during oral practice — is documented across Tantric and contemporary somatic traditions as one of the most transformative elements available. The giver looks up; the receiver looks down. This single act converts the practice from a physical act into a witnessed one. For receivers carrying shame around their genitals, being seen in pleasure — by someone choosing to be there — is directly healing. For receivers who have experienced oral practice as objectifying, eye contact reestablishes their

personhood. The giver's expression during eye contact carries enormous weight: genuine pleasure, reverence, or devotion communicates what words cannot. Practice maintaining eye contact through technique changes, not just at peak moments.

Temperature Play

Temperature contrast — alternating cold and warm oral contact — exploits the fact that the skin's cold and heat receptors are separate systems that do not habituate to each other. Protocol: hold an ice chip in the mouth for thirty seconds before contact; the cooling effect on the tongue creates intense cold sensation on contact. Alternatively, take a sip of warm tea (not hot) to warm the mouth before contact. The contrast between normal body temperature and either heated or cooled contact is dramatically amplified in genital tissue, where vasodilation makes thermal sensitivity acute. Alternate cold and warm approaches within a session — ice chip, then breath, then mouth temperature — creating a sensory arc the nervous system cannot predict.

Sound Mirroring

Sound mirroring is the practice of the giver vocalizing in harmony with the receiver's sounds — matching pitch, rhythm, and intensity in real time. When the receiver moans, the giver allows their own sound to resonate at a complementary frequency while maintaining mouth contact (humming or vocalizing through the nose). This creates a resonance loop: the giver's vibration amplifies the receiver's arousal, the receiver's sound deepens the giver's engagement, both states escalate together. Sound mirroring also signals to the receiver that their pleasure is having an effect on the giver — countering the performance wound of feeling that their arousal is invisible or burdensome.

Perineal Hum (Muladhara Vibration)

The perineum — the diamond-shaped area between the genitals and the anus — overlies the pelvic floor and is the somatic location of Muladhara (root chakra). Humming with the mouth sealed against the perineum sends vibration directly into the pelvic bowl, activating the root center from below. This technique can be used as an opening practice before genital oral contact, as a grounding intervention when the receiver begins to dissociate during high arousal, or as a closing practice after orgasm to help discharge excess activation. For receivers whose arousal tends to flood upward into anxiety rather than building as pleasure, perineal humming grounds the energy in the body before any further stimulation.

|Part D — Anal Oral Practices (Analingus)

Analingus is documented across Tantric and Taoist traditions and carries no inherent psychological hierarchy — the meaning is assigned by the practitioners, not the act itself. The outer anal sphincter is among the most densely innervated external tissues of the body. Hygiene preparation is prerequisite: thorough washing of the anal area and a bowel movement at least an hour prior. Dental

dams significantly reduce transmission risk for bacterial and viral pathogens including intestinal parasites and Hepatitis A.

Position the receiver prone or in supported child's pose. Begin with slow circular warm breath on the perineum before any tongue contact — this signals intention and allows the sphincter to relax involuntarily rather than being approached abruptly. Use the flat of the tongue for broad strokes before the tip for focused contact. The outer sphincter responds to rhythmic, consistent circular pressure; vary between circular strokes, direct pressure, and light flicking. For receivers carrying shame, narrate authentically without performative enthusiasm — 'I want to be here' — the giver's genuine willingness is the healing agent.

| Part E — Mutual Oral Practices (Parasparika Mukha Maithuna)

Parasparika Mukha Maithuna (mutual oral, 69 position) dissolves the giver/receiver distinction entirely — both partners simultaneously receive and give. The primary challenge is maintaining technique while receiving intense sensation. This is a trainable skill. The approach: begin asymmetrically — one partner gives fully for two to three minutes while the other receives without obligation to give. Then reverse. Simultaneous practice follows once both have developed independent arousal regulation.

Three primary positions: side-by-side (each partner's face at the other's genitals, lying in opposite directions) — most sustainable for extended practice, easiest for breathing; top-bottom (one partner on hands and knees above the other) — creates a dominant/receptive dynamic, physically demanding for the top partner; face-to-face sitting (both seated facing each other, each reaching the other's genitals with mouth) — most eye contact available, most intimate, requires flexibility.

Synchronized Rhythm 69 (Sama Rasa)

Sama Rasa — equal essence — is the practice of full breath and movement synchronization during mutual oral. Both partners inhale simultaneously and exhale simultaneously. When one slows their tongue, the other slows. When one deepens contact, the other deepens. The goal is not simultaneous orgasm (though this can be a shared intention) but a quality of mutual resonance where both partners' nervous systems entrain to the same rhythm. This is one of the most advanced practices in the chapter — it requires that both partners have first developed their own arousal regulation independently before attempting to coordinate it.

Shunga Positional Variants (Japanese Documentation)

The Japanese Shunga tradition documented several mutual oral configurations not recorded in Sanskrit or Taoist sources. Side-lying with leg arch: one partner extends the upper leg over the other's shoulder while lying on their sides, creating an angled access that allows deeper tongue penetration while maintaining face-to-genital proximity — Utamaro's woodblocks show this position with specific hand placement on the inner thigh for stability. Seated cross-legged mutual: both

partners sit facing each other in cross-legged position, each bending forward to reach the other's genitals — this position requires significant flexibility but produces a quality of symmetry and mutual effort absent in lying positions. The Shunga documentation is notable for its precision: hand position, mouth angle, and body weight distribution are all rendered with technical specificity that functions as instruction.

Eye Gazing 69 (Drishti Parasparika)

Drishti Parasparika extends the eye contact practice of Drishti Sambandha into the mutual oral context. In the side-by-side 69 position, both partners twist slightly to maintain eye contact while giving oral practice simultaneously. This is among the most vulnerable practices in the Atlas: both partners are simultaneously givers and receivers, and both can be seen in their giving and their receiving at the same time. The initial awkwardness is real — it takes practice before it becomes powerful rather than distracting. Once established, it prevents the dissociation that mutual oral practice often produces and creates a quality of full mutual witnessing unlike any other practice.

Witnessed Mutual Oral

A third person (or more) witnesses two partners in mutual oral practice without participating — holding space, sending loving attention, and optionally speaking affirmations. The witnessing function activates the social nervous system's capacity to heal shame: being seen in sexual pleasure by someone who responds with reverence rather than judgment directly addresses one of the most persistent wounds in human sexuality. Witnesses do not direct, evaluate, or participate. They simply hold loving attention. This practice connects to the Atlas Chapter 6 body reading skills framework — the witness role is a specific form of somatic witness work.

| Part F — Advanced Practices

Vajroli Mudra (non-ejaculatory orgasm) requires sustained practice of PC muscle control. At the point of no return, the receiver contracts the pelvic floor sharply, redirecting orgasmic energy upward through the chakra column rather than releasing it through ejaculation. This produces whole-body orgasmic states accessible across multiple cycles. The technique requires many solo practice sessions before applying in partnered contexts — attempting it prematurely produces frustration, not energy expansion.

Kumbhaka Bandha (breath retention at orgasm) deepens the orgasmic state by pausing breath at the moment of peak arousal. The autonomic surge that would otherwise trigger immediate release is held, then distributed through the nervous system as the breath releases. This practice requires an established breath practice foundation. It also requires explicit pre-negotiation with the giver, who needs to know the receiver may pause and become completely still for several seconds during peak arousal — this is not dissociation, it is deliberate energy containment.

Solo Oral Visualization (Atma Mukha Dhyāna)

Atma Mukha Dhyāna — self-practice with oral visualization — is a solo technique for building oral receiving capacity. The practitioner self-pleasures while vividly imagining a partner's mouth: the warmth, the wetness, specific tongue movements. The purpose is threefold: it builds arousal capacity and tolerance for receiving, it allows the practitioner to identify with precision what sensations they want and can then communicate to a partner, and it develops the receiving quality — staying present with pleasure rather than performing it — in a context where no other person's needs are present. This practice is particularly useful for receivers who have difficulty being present during oral practice with a partner.

Watched Self-Oral Visualization (Darshana Mukha Sādhana)

Darshana Mukha Sādhana — the watched self-practice — is the partnered version of Atma Mukha Dhyāna. Partner A self-pleasures while speaking aloud their visualization: 'I'm imagining your mouth here. I feel your tongue circling. I want more pressure here.' Partner B watches and listens without touching. This technique accomplishes two things simultaneously: Partner A maps their own oral preferences in real time with complete permission to be specific, and Partner B receives a detailed, embodied account of exactly what Partner A wants — more specific and more accurate than any conversation about preferences in the abstract. This can transition directly into actual oral practice once the visualization is established.

Goddess of Speech Invocation (Sarasvati Mukha Puja)

Sarasvati Mukha Puja invokes the Hindu goddess of speech, communication, and creative arts as the presiding deity of oral union. Before beginning, the giver speaks: 'Sarasvati, goddess of the voice, bless this oral union. May our mouths speak truth and pleasure.' During the practice, both partners vocalize continuously — the giver hums, tones, or speaks; the receiver sounds their pleasure, words of appreciation, or simply allows whatever voice arises. The closing: both partners speak gratitude aloud — to each other and to Sarasvati — before separating. This practice works directly on the voice as a site of healing: many people whose voices have been silenced or shamed find that oral practice held within a Sarasvati invocation allows sounds to emerge that have been suppressed for years.

| Part G — Session Arcs by Experience Level

New Receiver (First 1-3 Sessions)

Do not begin with genital oral practice. Open with the Neck-Ear or Arm-Hand tongue pathway to establish trust in the giver's willingness to receive the receiver's body. Move to non-genital kissing — neck, inner elbow, inner thigh — before any genital approach. For the first session, stopping at the inner thigh crease without genital contact and letting arousal build unreleased is often more healing than completing a genital practice. The session succeeds if the receiver experiences their body as welcomed.

Experienced Receiver (4-10 Sessions)

Introduce the Center Line pathway. Add the Yoni Puja approach protocol or the glans-kissing approach for lingam work. Begin integrating eye contact deliberately. Introduce explicit orgasm approach communication — the receiver learns to narrate what is working rather than falling silent. By session seven or eight, the Yoni or Lingam practice should be reaching consistent completion. Sessions in this range are focused on the receiver developing arousal fluency — the ability to stay present in high sensation without dissociation or performance.

Advanced Practice (10+ Sessions)

Full body tongue mapping integrated throughout the session. Mutual oral practices introduced. The Spine Line pathway added to each session as a consistent opening. Advanced practitioners begin working with the distinction between physical orgasm and energetic peak — introducing non-ejaculatory approaches or energy circulation after physical release rather than ending the session at climax. The giver begins working with Vishuddha Mukha Kriya — attending to their own throat as a healing site throughout the session.

Body Type Matching (Ananga Ranga Protocol)

The Ananga Ranga (~15th century CE, Kalyanamalla) extends the Kama Sutra's classification of practitioners by body type into specific oral technique recommendations. Padmini (lotus type — slender, sensitive): approaches that use the lightest pressure and longest buildup; Yoni Mudrā Dhyāna (meditative stillness) and Yoni Nāda (humming) are primary techniques because intense stimulation overwhelms this receiver type. Chitrini (art type — moderate build): the full Auparishtaka sequence applies. Shankhini (conch type — larger build, more muscular): deeper pressure, Garbha Stambha (G-spot oral combination), and sustained suction (Yoni Mukha Bandha) produce stronger response. Hastini (elephant type — full-bodied): the longest approach arc, Parivartana (edging) practiced across multiple cycles, Kumbhaka Bandha at the peak. These classifications are not prescriptive body shaming — they are observational frameworks for reading which techniques a particular nervous system will respond to, recognizing that different bodies carry different sensory thresholds and arousal patterns.

§5 HOW THIS HEALS

Oral practices carry distinctive healing potential at multiple levels. The vulnerability of giving and receiving — the exposure and trust required on both sides — makes this one of the most emotionally potent categories of intimate practice.

Healing Oral Trauma

For survivors of sexual trauma involving the mouth (forced oral sex, childhood sexual abuse involving oral contact), conscious, consensual oral practice offered at the receiver's pace can be profoundly reparative. The healing does not come from

"getting through" the trigger but from experiencing the same physical act in a completely different relational container — one of consent, presence, and genuine care.

Throat Chakra Opening

The act of giving oral practice opens the giver's Vishuddha (throat chakra) as much as it pleases the receiver. Practitioners consistently report that sustained oral giving releases suppressed expression — tears, truths, or sounds that had been held back. The throat that has learned to speak through its giving often finds it easier to speak in other contexts as well.

Receiving Without Performing

One of the most common wounds in contemporary sexuality is the inability to simply receive — to stay present with pleasure rather than performing pleasure for the giver's benefit. Oral practices, when framed within the Three Responses framework (Yes, More, Pause), train the receiver in pure receiving. The receiver is explicitly not responsible for the giver's experience during this practice — their only task is to notice and communicate what they feel.

Heart-Sacral Integration

A common wound pattern in people who have experienced sexuality as shameful, mechanical, or coercive is the split between the heart and the genitals — the sense that love and sexual pleasure cannot coexist. Oral practices, when the giver consciously brings devotional intention and eye contact, can bridge this split: demonstrating through embodied experience that pleasure can be received as an act of love.

§6 CONTRAINDICATIONS & SAFETY

Oral practices carry specific safety considerations that must be established before practice begins. These are not obstacles to the practice but part of the consent architecture that makes it possible.

STI and Transmission Risk

Oral-genital and oral-anal contact carries transmission risk for several sexually transmitted infections including herpes (HSV-1 and HSV-2), gonorrhea, syphilis, HPV, and in lower-risk scenarios, HIV. This does not make oral practice unsafe — it makes informed negotiation essential. Partners should discuss recent testing, known infections, and barrier preferences before practice begins.

- ◆ External licking with clean intact skin: low risk
- ◆ Oral-genital contact with barrier (dental dam, condom): significantly reduced risk
- ◆ Oral-anal contact (rimming) with barrier: significantly reduced risk; without barrier: higher risk for bacterial transmission, intestinal parasites, Hepatitis A

Trauma and Dissociation Risk

Oral practices carry higher dissociation risk than many other forms of touch, particularly for survivors of oral sexual trauma. Signs that a receiver is dissociating include: eyes becoming unfocused or glazed, body going very still or very rigid, breathing becoming shallow and held, unresponsiveness to check-ins. If any of these appear, stop all stimulation immediately and make grounding contact — hand on sternum, eye contact, verbal anchor: "I'm here. You're safe."

Physical Contraindications

- ◆ Active cold sore (oral herpes outbreak): avoid all oral contact until fully healed
- ◆ Open wounds, cuts, or sores in mouth or on genitals: barrier or postponement
- ◆ Jaw injury or TMJ disorder: modify giver positioning to minimize jaw strain
- ◆ Recent dental work: wait until healing is complete before giving oral practice

Contraindications Specific to Receivers with Genital Surgery

For receivers who have had genital surgery (vaginoplasty, phalloplasty, orchiectomy, etc.) — communicate directly with your practitioner about any sensitivity changes, scar tissue, or specific anatomical considerations. Post-surgical anatomy may respond differently than pre-surgical anatomy; what worked before may not apply.

§7 AFTERCARE & INTEGRATION

Oral practice activates both participants deeply — throat chakra in the giver, sacral and root in the receiver. Aftercare must address both.

Immediately After (0-15 minutes)

- ◆ Rest in stillness for at least 5-10 minutes — oral practice opens sacral and throat simultaneously, a combination that requires time to settle
- ◆ Drink warm water — the throat has been activated and may feel energetically exposed
- ◆ Avoid rushing to verbal processing; allow 15-20 minutes of quiet integration first
- ◆ Notice where sensation is still present in the body and breathe into those places without trying to extend or release them

Within 24 Hours

- ◆ The giver's throat and jaw have held sustained tension and intention. Gentle jaw release (open wide, hold, release) and neck rolls complete the physical de-activation
- ◆ The giver has been in a sustained giving posture — check in with your own body's needs after supporting the receiver's integration
- ◆ Drink water and eat something light within 30 minutes

- ◆ Side-by-side lying (no eye contact required) for 10 minutes normalizes the vulnerability of the practice
- ◆ Brief verbal acknowledgment: what was received, what was offered — one sentence each is sufficient

For sessions that involved emotional release or surfacing of trauma material: extend quiet integration to 30 minutes and do not transition directly to other activities. Schedule a follow-up check-in within 24 hours.

Ongoing Integration

Oral practice often surfaces material related to shame, worth, power, and receiving. Journal any imagery or emotion that arose. If the session involved the giver's deep throat work, the giver may notice throat sensitivity or emotional residue for 24–48 hours — this is Vishuddha processing. Support with warm liquids, silence, and reduced verbal demands.

§8 CROSS-REFERENCES & RELATED PRACTICES

Foundational Framework Chapters

- ◆ Chapter 6 (Body Reading Skills): The tongue reads the receiver's body through sensation rather than sight — Chapter 6's frameworks for tracking somatic response apply directly to calibrating oral pressure, rhythm, and approach during practice.
- ◆ Chapter 8 (Chakric Mapping Overview): Oral practice activates the Vishuddha-Svadhishthana circuit — the throat-sacral connection documented in Chapter 8 as one of the primary energetic axes of the body. Understanding this circuit explains why oral practice produces emotional opening in the giver as well as the receiver.
- ◆ Chapter 11 (The Seven-Frequency Chord): Oral practice that includes the Deha Jihvā Rekhā body mapping pathways activates multiple chakra frequencies simultaneously. Chapter 11's diagnostic framework applies when the receiver plateaus or disconnects during a session.

Related Practice Chapters

- ◆ Chapter 12 (Breast and Nipple Practices): The tongue pathways of Part A include tongue work on the breasts and nipples. Chapter 12 provides the full technique set for nipple oral work and the Stana Lola Sparśa practice where the giver's own breasts are the instrument.
- ◆ Chapter 14 (Yoni, Lingam, and Pelvic Practices): The oral approaches in this chapter prepare the body for the manual and internal practices documented in Chapter 14. Oral arousal of the Yoni and Lingam before manual contact significantly deepens the quality of sensation in Chapter 14's techniques.
- ◆ Chapter 19 (Throat Chakra Practices): The giver's throat opens during oral practice as a healing site in its own right. Chapter 19's Vishuddha activation framework applies directly to the giver's experience — sustained oral giving

is one of the most accessible paths to throat chakra opening documented in the Atlas.

- ◆ Chapter 30 (Nāda Deha — Sound of the Body): Humming during oral practice is both a technique for gag reflex management and a Nāda Yoga practice. Chapter 30's framework for using vocalization as healing applies to the giver's experience during deep throat work and the mutual vocalization that oral practice invites.

Sanskrit Cross-References

- ◆ Jihvā (जिह्वा): tongue — the primary instrument of this chapter, appears in Chapters 3, 6, and 30 in related contexts.
- ◆ Vishuddha (विशुद्ध): throat chakra — the energetic site activated in the giver through oral practice; documented in Chapter 19 as the chakra governing authentic expression.
- ◆ Mukha (मुख): mouth, face — appears throughout the Atlas in compound terms; the primary Sanskrit root for this chapter's practices.

§9 KEY TAKEAWAYS

KEY TAKEAWAYS — Chapter 13: Oral Practices

- ◆ Core Principle: Oral practice is a form of union — Mukha Maithuna, mouth union — not merely a service act. Both giver and receiver are changed by the encounter when it is approached with full presence.
- ◆ Core Principle: The giver's throat opens as much as the receiver receives — sustained oral giving activates Vishuddha and releases suppressed expression in the giver. This is a healing modality for both people.
- ◆ Practice Essential: Never assume preferences — explicit negotiation before practice includes: what touch where, what pressure, what sounds welcome, barriers yes or no, and what signals pause or stop.
- ◆ How This Heals: The throat and the genitals are energetically linked — Vishuddha and Svadhisthana — and oral practice, when held with devotional intention, opens both simultaneously, healing splits between expression and pleasure.
- ◆ How This Heals: Eye contact transforms the practice — giver looking up while giving, receiver looking down to witness, sustains human connection and prevents objectification of either party.
- ◆ Safety: Watch for dissociation — the signs are stillness, glazed eyes, held breath, or unresponsiveness to check-ins. Stop immediately, ground, and only resume when full presence is restored.
- ◆ Remember: For survivors of oral trauma — proceed in very small steps, with full permission to stop at any moment. Healing comes from the quality of the container, not the completion of the act.
- ◆ Practice Essential: Barriers do not diminish the practice — dental dams and condoms allow safer oral practice while maintaining full presence and devotional intention.